

## **Section 5**

### **CLINICAL**

**CLINICAL  
Guidelines**

The Primary Health Care (PHC) Clinical Guidelines give providers guidance in providing direct patient care services. The PHC guidelines are in a table format at the end of this section.

**Specific requirements for the PHC Program are:**

- Comprehensive medical and social history initially and updated as clinically indicated
- Baseline and periodic physical exam (PE) initially and updated as clinically indicated.
- Health Risk Assessment (HRA) initially and updated as clinically indicated
- Client education for health risks identified in the Health Risk Assessment (HRA).
- Health Risk Assessment (HRA) initially and updated as clinically indicated.

Services operating under specific TDH program guidelines/standards should be provided according to that particular program's requirements in addition to the PHC Program's requirements. Specific program guidelines cover but are not limited to services such as family planning, child health, immunizations, maternity, diabetes management, immunizations and case management. These can be accessed online through links at <http://www.tdh.state.tx.us/phc/default.htm>.

**Consent /Notification for  
Medical Services by  
Parent/ Guardian**

Minor clients may not receive medical services without parental notification and consent as stated in law, unless legally authorized to do so. PHC Program policy requires notification and consent of the parent/legal guardian for all services provided to minor clients except for those stated in Family Code §32.003. Family Planning and contraceptive services are not included in those services that are exempted from parental consent and notification.

**Preventive Services**

PHC providers may, but are not required to, use the current edition of the *Clinician's Handbook of Preventive Services* developed by the U.S. Public Health Service's Office of Disease Prevention and Health Promotion, and/or the *Guide to Clinical Preventive Services*, 2<sup>nd</sup> edition, developed by the U.S. Preventive Services Task Force, as guidelines for providing clinical preventive services such as health screening and client education.

**INFORMATION  
Vaccines**

The Texas Vaccines For Children (TVFC) Program improves vaccine availability by providing vaccines free of charge to eligible children through public and private providers statewide. Children from birth through 18 years of age are eligible for the TVFC

Program that are: enrolled in Medicaid, uninsured, Native American or Alaskan Native, underinsured. All vaccinations in Texas must be administered under the Standing Delegation Orders (SDOs) of a physician.

**Pharmaceuticals**

Pharmaceuticals for the treatment of clients with gonorrhea, chlamydia, and syphilis may be obtained from the TDH Bureau of STD/HIV through participating Local Health Departments and TDH Regional offices.

Contractors may use PHC program funds for pharmaceuticals provided to clients receiving PHC services with the approval of the PHC Program through the Request for Proposal (RFP) and contract processes. Contractors are encouraged to access Prescription Drug Patient Assistance Programs in order to obtain prescription medications at no cost or low cost to clients. Many programs are listed in the Pharmaceutical Research and Manufacturers of America (PhRMA) directory and online at <http://www.phrma.org> and <http://www.rxassist.org>.

**Diabetic Eye Disease Program**

Individuals with diabetes should have a dilated fundoscopic eye exam according to the guidelines established by the Texas Diabetes Council based on guidelines of the American Diabetes Association (ADA). An optometrist or an ophthalmologist must perform the eye exams. The Diabetic Eye Disease Program at TDH contracts with optometrists and ophthalmologists throughout Texas. The PHC Program requires that PHC contractors send their PHC clients with diabetes to these providers because they perform dilated fundoscopic eye exams (the initial exam and two follow-up exams, if needed, per calendar year) without charge to the client. Names, addresses, and phone numbers of the providers and nominators who contract with the Diabetic Eye Disease Program in your Public Health Region (PHR) can be obtained by calling the Diabetes Eye Disease Program at 512/458-7490 in Austin.

III. CLINICAL		
STANDARD STATEMENT	POLICIES & PROCEDURES	EVALUATION CRITERIA
<b>HEALTH ASSESSMENT</b>		
A. At sites providing medical care, all clients shall have a complete health history completed initially, updated at scheduled or preventive visits, or at least annually, reviewed and signed by the provider.	<p><b>Policy:</b> At sites providing medical care, the provider ensures a complete health history is obtained.</p> <p><b>Procedures:</b> The health history should include a medical and social history.</p> <ol style="list-style-type: none"> <li>1. The medical history includes the following:               <ol style="list-style-type: none"> <li>a. Current history</li> <li>b. Hospitalizations/ surgeries</li> <li>c. Allergies, sensitivities or reactions to medicines or other substances</li> <li>d. Family history</li> <li>e. OB/GYN</li> <li>f. Sexual behavior history, including family planning practices</li> <li>g. Mental health history, to include depression and suicidal thoughts or gestures</li> <li>h. Nutritional history</li> <li>i. Developmental (pediatric)</li> <li>j. Immunization history</li> </ol> </li> </ol> <p>Occupational hazards or environmental toxin exposure</p>	<p>Evidence of health history in the record</p>          <p>Refer to Chapter 261, Texas Family Code<sup>1</sup></p>

## HEALTH ASSESSMENT

A. At sites providing medical care, all clients shall have a complete health history completed initially, updated at scheduled or preventive visits, or at least annually, reviewed and signed by the provider.

**Policy:** At sites providing medical care, the provider ensures a complete health history is obtained.

**Procedures:** The health history should include a medical and social history.

1. The medical history includes the following:
    - a. Current history
    - b. Hospitalizations/ surgeries
    - c. Allergies, sensitivities or reactions to medicines or other substances
    - d. Family history
    - e. OB/GYN
    - f. Sexual behavior history, including family planning practices
    - g. Mental health history, to include depression and suicidal thoughts or gestures
    - h. Nutritional history
    - i. Developmental (pediatric)
    - j. Immunization history
- Occupational hazards or environmental toxin exposure

### Evidence of health history in the record

Refer to Chapter 261, Texas Family Code<sup>1</sup>

III. CLINICAL		
STANDARD STATEMENT	POLICIES & PROCEDURES	EVALUATION CRITERIA
	2. The social history shall be <ul style="list-style-type: none"> <li>a. Home environment, to include living arrangements</li> <li>b. Tobacco/alcohol/drugs</li> <li>c. Family dynamics/problems; e.g., abuse</li> <li>d. Grade completed/school performance</li> <li>e. Concern regarding lack of financial resources</li> </ul>	Documentation of social history
B. At sites providing medical care, all clients shall have a health risk assessment completed.	<p><b>Policy:</b> Medical care providers assess health risk on all clients served.</p> <p><b>Procedures:</b>            Clients shall have a health risk assessment according to the following:</p> <ul style="list-style-type: none"> <li>1. Children ages birth through 20 years of age have health risk assessments done according to periodicity of visits, e.g., periodicity chart</li> <li>2. People ages 21 years old and older shall have an initial health risk assessment and updated annually or change in client status. Health Risk Assessment includes but is not be limited to:</li> </ul>	Health record Evidence of health assessment.

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STANDARD STATEMENT	POLICIES & PROCEDURES	EVALUATION CRITERIA
	<ul style="list-style-type: none"> <li>a. Diabetes</li> <li>b. Heart disease</li> <li>c. High-risk sexual behavior</li> <li>d. Violence</li> <li>e. Injury</li> <li>f. Malignancy</li> </ul>	
C. At sites providing medical care, all clients shall receive preventive health education.	<p><b>Policy:</b> The providers of medical care shall provide preventive education based on health risk or client need</p> <p><b>Procedures:</b></p> <p>All clients must receive anticipatory guidance at each visit that covers the following appropriate areas:</p> <ul style="list-style-type: none"> <li>1. Violence</li> </ul>	Documentation of education provided based on health risk assessment or client need.

III. CLINICAL		
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	<ul style="list-style-type: none"> <li>a. Family/domestic</li> <li>b. Gang</li> <li>2. Injury prevention               <ul style="list-style-type: none"> <li>a. Fire arms</li> <li>b. Car safety restraints</li> <li>c. Helmets</li> </ul> </li> <li>3. Behavior               <ul style="list-style-type: none"> <li>a. Substance abuse, e.g., tobacco, alcohol, chemicals and drugs</li> <li>b. Safe sex practices</li> </ul> </li> <li>4. Nutrition               <ul style="list-style-type: none"> <li>b. Healthy diets</li> <li>c. Weight management</li> <li>c. Folic acid</li> <li>d. Calcium</li> </ul> </li> <li>5. Health promotion               <ul style="list-style-type: none"> <li>a. Immunizations</li> <li>b. Dental</li> <li>c. Physical activity</li> <li>d. Family planning</li> <li>e. Prenatal care</li> <li>f. Newborn care</li> </ul> </li> </ul>	<p>Food Guide Pyramid - For infants: <i>Pediatric Nutrition Handbook</i>, 4<sup>th</sup> Edition from the American Academy of Pediatrics, 1998; For children: <i>Tips for Using the Food Guide Pyramid for Young Children 2-6 Years Old</i>, USDA, Program Aid 1647, March 1999; For adults: <i>The Food Guide Pyramid</i>, USDA, HGB 252, August 1992</p>

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	6. Other education based on specific problems or health risk. 7. Anticipatory guidance for teens also include: a. School performance a. Depression, and b. Suicide.	
D. All clients or their guardians shall provide consent for services/treatment.	<p><b>Policy:</b> Providers shall ensure that all clients consent for services.</p> <p><b>Procedures:</b></p> <ol style="list-style-type: none"> <li>1. Clients less than 18 years old may consent to their own family planning and STD services.</li> <li>2. All clients must provide signed and witnessed consent for prescriptive family planning methods; STD and HIV diagnosis/treatment.</li> <li>3. All clients and/or guardians must provide signed consent for immunizations.</li> </ol>	Health record A signed and dated consent Refer to Chapter 261, Texas Family Code <sup>1</sup>



III. CLINICAL		
STANDARD STATEMENT	POLICIES & PROCEDURES	EVALUATION CRITERIA
E. At sites providing medical care, a baseline intake/periodic physical exam (PE) will be offered to all adult clients age 21 and over (to exclude prenatal clients).	<p><b>Policy:</b> At sites providing medical care, a baseline PE is offered to clients in conjunction with the initial history, laboratory tests, and interventions. In addition, on subsequent visits a routine PE, screening procedures and interventions are offered to clients.</p> <p><b>Procedures:</b></p> <ol style="list-style-type: none"> <li>1. As an integral part of the complete health assessment, the PE is based upon the client's presenting symptoms, review of systems (ROS), past history and health risk factors as described in section III. Clinical.</li> <li>2. Laboratory and interventions (general non-high risk population) <ol style="list-style-type: none"> <li>a. Blood Pressure</li> </ol> </li> </ol> <p><b>Health Risk Conditions Addressed:</b> Coronary heart disease, congestive heart failure, cerebral vascular accident (stroke), ruptured aortic aneurysm, renal disease and retinopathy.</p> <p><b>Recommended Practice:</b> At least once every two years, if last diastolic and systolic blood pressure readings were less than 85 and 140 mm Hg, respectively, and annually if the last diastolic BP was 85-89 mm Hg.</p>	

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	<p>b. Height and Weight</p> <p><b>Health Risk Conditions Addressed:</b> Overweight and obesity, which are associated with adult-onset diabetes, hypertension, et al.</p> <p><b>Recommended Practice:</b> Initial visit, then periodically.</p> <p>c. Total Blood Cholesterol</p> <p>Men: 35 – 64</p> <p>Women: 45 – 65</p> <p><b>Health Risk Conditions Addressed:</b> Every five years.</p> <p>d. Papanicolaou (Pap) test for women</p> <p><b>Health Risk Conditions Addressed:</b> Cervical cancer.</p>	

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	<p><b>Recommended Practice:</b> Begin testing at age 18 years, or when sexually active if younger, Frequency: every one – three years, based on risk.</p> <p>e. Fecal Occult Blood Test and/or sigmoidoscopy</p> <p><b>Health Risk Conditions Addressed:</b> Colorectal cancer.</p> <p><b>Recommended Practice:</b> Annual Fecal Occult Blood Testing (FOBT), or sigmoidoscopy (periodicity unspecified), or both. For all ages 50 and over.</p> <p>f. Mammography</p> <p><b>Health Risk Conditions Addressed:</b> Breast cancer</p> <p><b>Recommended Practice:</b> Every 1 – 2 years, with mammography and annual CBE, for women aged 50 – 69.</p>	<p>The American College of Obstetricians and Gynecologist recommends screening with mammography ever 1 – 2 years and annual CBE beginning at age 40, and annual mammography and CBE beginning at age 50.</p>

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	<p>g. Immunizations</p> <p><b>Health Risk Conditions Addressed:</b> Tetanus (lock jaw), Rubella (measles), Influenza (including influenza pneumonia), Pneumococcal pneumonia.</p> <p><b>Recommended Practice:</b> Tetanus-diphtheria (Td) booster: every 10 years  Rubella (or vaccine history or serologic testing): Recommended for all women of childbearing age at first clinical encounter.  Influenza, 65 years: annually  Pneumococcal vaccine, 65 years: once (however, a repeat may be indicated after five years)</p> <p>h. Vision and hearing screening, 65 years</p> <p><b>Health Risk Conditions Addressed:</b> Visual and hearing impairment.</p> <p><b>Recommended Practice:</b> Periodically (optimal frequency not determined)</p>	<p>Reference for all interventions here: U.S. Preventive Services Task Force, <i>Guide to Clinical Services</i> 2<sup>nd</sup> ed. This reference also contains interventions for high-risk individuals.</p>

III. CLINICAL		
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	<p><b>Episodic or Acute Care Visit</b></p> <p>The physical assessment and laboratory tests/interventions must be based on the presenting complaints.</p>	
I. All clients shall be referred to other appropriate services as needed.	<p><b>Policy:</b> Providers must refer clients to their provider network as necessary.</p> <p><b>Procedures:</b></p> <ol style="list-style-type: none"> <li>1. All clients who require a referral will be referred to the appropriate provider within their provider network.</li> </ol>	<p>Health record Documentation of a referral.</p>

<sup>1</sup> Reporting of Child Abuse. The Texas Department of Health may distribute or provide appropriated funds only to clients who show good faith efforts to comply with all child abuse reporting guidelines and requirements set forth in Chapter 261 of the Texas Family Code.

<sup>1</sup> Medical Treatment. The Texas Department of Health may distribute funds for medical, dental psychological or surgical treatment provided to a minor only if consent to treatment is obtained pursuant to Chapter 32 of the Texas Family Code. In the event that compliance with this rider would result in the loss of federal funds to the state, the Department may modify, or suspend this rider to the extent necessary to prevent such loss of funds, provided that prior approval is obtained from the Governor and the Legislative Budget Board.

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